

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Reggie Gibbs

Plaintiff,

[Insert full name of plaintiff/prisoner]

-against-

Rockland County Correctional
Center

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

Reggie Gibbs

If you are incarcerated, provide the name of the facility and address:

VCBC 1 Hallett St Bronx, NY 10474

Prisoner ID Number:

08216072P

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ MAR 09 2017 ★

LONG ISLAND OFFICE

CV 17 1468

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

SEYBERT, J.

JURY DEMAND

YES ☒

NO ☐

LINDSAY, M.J.

If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Full Name

Job Title

Address

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Defendant No. 4

Address

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? in Rockland County
Jail, A wing.

When did the events happen? (include approximate time and date) On December 2016
and January 2017 at dinner time 5pm

Facts: (what happened?)

My Food Trays came with my name and medical condition of being Diabetic written on paper on my Tray. Other people handles my Tray so other people seen my condition. I had other inmates and officers asking me about my medical condition. I was embarrassed and ashamed. I was also made fun off and treated different. I wrote a grievance which I won and not even a month later it happen again my medical condition on my food Tray. I was told: "The policy of the facility is to maintain the Medical confidentiality of all inmates at all times. Staff are advised they are required to maintain the ~~Conf~~ Confidentiality of inmates records & information overhead or observed is considered confidential information & cannot be discussed with others." So when this happen again I was very very upset and I want justice. I filed another grievance and won that as well. ~~Also~~ Also I'm sending copies of the grievances that was granted.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I can't sleep and worry all the time. My focus and mental state of mind hasn't been the same since the incidents.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I want to be compensated for my grief & current problems.

I declare under penalty of perjury that on 2-26-17, I delivered this
(date)
complaint to prison authorities at Rockland County Correctional Center to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 2-26-17

Reggie Lillo
Signature of Plaintiff

VCBC
Name of Prison Facility or Address if not incarcerated

1 Halleck St
Bronx NY, 10474

Address

08216072P
Prisoner ID#

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Rockland County Correctional Center

#16-1098

Housing Location:

A35

Name of Inmate:

Reggie Gibbs

Grievance #:

2016-138

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)

Number of Sheets Attached ()

ON November 28th 2016 Attached to my dinner tray was my Name & under, my medical cond on diabetic. When it was brought to me people was telling me they did not know I was diabetic. My condition is ~~no~~ ^{no} one business has mines & my doctor. I was ~~concern~~ ^{concern} & felt ~~disgraced~~ ^{disgraced}

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached ()

To stop my medical condition to be discussed and written on my ~~tray~~ ^{tray}, And when the officer come get me in the morning for my sugar test not to yell out what I'm going to medical for.

Grievant Signature:

Reggie Gibbs

Date/Time Submitted:

11-30-16

Receiving Staff Signature:

Sgt. [Signature] #342

Date/Time Received:

11/30/16 @ 1340

Investigation Completed by:

LT John Byron

Date Completed:

12-1-16

Decision of the Grievance Coordinator

Number of Sheets Attached ()

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

SEE ATTACHED SHEET.

Signature of the Grievance Coordinator:

LT John Byron

Date:

12-1-16

16-1098

New York State Commission of Correction
Inmate Grievance Form Part II

GRIEVANCE # 16-138

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION**Grievant's Appeal to the Chief Administrative Officer****Must submit within two business days of receipt of the Grievance Coordinator's written decision**

I have read the above decision of the Grievance Coordinator and

- (X) I agree to accept the decision
 () I am appealing to the Chief Administrative Officer

Grievant Signature: Reggie MillerDate: 12-2-16**Decision of the Chief Administrative Officer:**

Number of Sheets Attached ()

Shall be issued within five business days after receipt of appeal and provided to grievant

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
☐ Grievance Denied on Merits
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

Signature of the Chief Administrative Officer: _____

Date: _____

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and

- () I agree to accept the decision
 () I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: _____

Date: _____

Submission to the Citizen's Policy and Complaint Review Council**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY****NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.****I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.**

Signature of the Grievance Coordinator: _____

Date: _____



LOUIS FALCO III
SHERIFF

MARY T. BARBERA
UNDERSHERIFF

OFFICE OF THE SHERIFF COUNTY OF ROCKLAND

55 New Hempstead Road
New City, New York 10956

Telephone: (845) 638-5600
Fax: (845) 638-5731



ROBERT VANCURA
UNDERSHERIFF

ANTHONY J. VOLPE
CHIEF OF CORRECTIONS

Gibbs, Reggie #2016-1098
Grievance # 2017-02

January 6, 2017

Grievant is alleging during the past month he has received his meal three times with his medical condition written alongside the tray. Grievant requesting his meals be delivered without the medical condition listed.

Food Service Cook II Massi informs me trays are not to be sent out of the kitchen with medical condition listed. A list was established to assist in preparation of meal and with the staff supervising the meal serve. The list will no longer be compiled by kitchen staff when preparing the meals.

On January 6th I observed the evening meal trays delivered to the grievants housing unit and did not notice any medical conditions listed. Just names of inmates who are to receive a special diet tray. I have also issued a memorandum for all staff to inspect the meal carts before leaving the kitchen area for any unauthorized items.

The policy of the facility is to maintain the medical confidentiality of all inmates at all times. Staff are advised they are required to maintain the confidentiality of inmate records and information overheard or observed is considered confidential information and cannot be discussed with others.

Grievance is accepted and action requested granted.

Lt. John Byron
Lt. John Byron





LOUIS FALCO III
SHERIFF

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ROBERT VANCURA
UNDERSHERIFF

ANTHONY J. VOLPE
CHIEF OF CORRECTIONS

Gibbs, Reggie #2016-1098
Grievance # 2016-138

December 1, 2016

Grievant is alleging on November 28th his evening meal was served with his medical condition listed and also when going to medical some staff are shouting out why he is going to medical. Grievant requesting staff refrain from shouting out why he is going to medical and to have his meals delivered without his medical condition written.

Food Service Cook II Massi informs me trays possibly are sent up with the medical condition written to assist the Officer supervising meal serve. Trays are usually sent with just the name of the person who is to receive the tray. Kitchen staff are developing a new serving system to assist them and eliminate the possibility of having medical information sent to the unit.

This system will be reviewed at a later date to insure compliance. All kitchen staff will be reminded again about the facility's policy regarding medical confidentiality.

The policy of the facility is to maintain the medical confidentiality of all inmates at all times. Staff are advised they are required to maintain the confidentiality of inmate records and treatments and information overheard or observed is considered confidential information and cannot be disseminated.

Grievance is accepted and action requested granted.

Lt. John Byron

Lt. John Byron



Housing Location: 1017

Grievance #: _____

Number of Sheets Attached ()

I filed out a grievance about 2 months ago about my medical care being put on my back log. I was told it would deal with claims and paper work not supposed to happen at all. Weeks later I never got a letter or anything. I call before that in December. I told them go but when I happen to 3rd line I was told that some people transfer my back so I could go there but I never with all on

Number of Additional Sheets Attached ()

Date/Time Submitted: 9-17-2014 PM

Date/Time Received: 12/17/21 4:50

Date Completed: _____

Number of Sheets Attached ()

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Date: _____

Date: _____

New York State Commission of Correction
Inmate Grievance Form
 Form SCOC 7032-1 (11/2015)

Facility: Rockland County Correctional CenterHousing Location: A19Name of Inmate: Reggie Gibbs #16-1098Grievance #: 2017-02**Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)**

Number of Sheets Attached ()

I filled out a grievance about 2 months ago about my medical condition being put on my food tray. I was told it would stop & was shown on paper that this was not supposed to happen at all. Tuesday 1/20/17 it happen again then it happen 2x's before that in december. I let these go but when it happen the 3rd time I was upset. Other people handle my food see^{nt} condition then talk about it with me and other inmates. I feel ~~violated~~ ^{embarrassed} and feel ~~violated~~ beyond words. My medical condition is no one's business but me & my doctor.

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached ()

I want it to stop and never happen again.

Grievant Signature: Reggie GibbsDate/Time Submitted: 1-5-17 9:45 pmReceiving Staff Signature: Sgt. McCannDate/Time Received: 1/5/17 2:45
1/5/17Investigation Completed by: LT JOHN BYRONDate Completed: 1-6-17**Decision of the Grievance Coordinator**

Number of Sheets Attached ()

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☒ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

SEE ATTACHED SHEET

Signature of the Grievance Coordinator: John ByDate: 1-6-17